



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Optometrists
124 Halsey Street, 6th Floor, P.O. Box 45012
Newark, New Jersey 07101
(973) 504-6440



Application for Branch Office Certificate

Date _____

The fee for a branch office certificate is \$250.00 if you are applying during the first year of the biennial renewal period (applying between May 1st of every odd year through April 30th of every even year). If you are applying for a branch office certificate during the second year of the biennial renewal period (applying between May 1st of every even year through April 30th of every odd year), the branch office certificate fee will be \$125.00. The fee for a branch therapeutic pharmaceutical agents ("T.P.A.") certificate is \$25.00. The fees must be submitted in the form of a check or money order made out to the State of New Jersey.

Important: Read Carefully

1. Answer all of the questions on the application. Mail your completed application and your payment to the New Jersey State Board of Optometrists, P.O. Box 45012, Newark, N.J. 07101.
2. Licenses are only renewed for a specific location. The Board must be notified at least five days in advance of any change of address and you must obtain a new certificate of registration. If you have more than one office, you must apply for a branch office certificate. Failure to conform to any of these requirements will subject you to disciplinary action.
3. Submit one of the following:
 - ☐ Copy of Employment Agreement with _____
Name of Employer/Company
 - ☐ Copy of Independent Doctor Agreement/Contract with _____
Name of licensed N.J. Optometrist
 - ☐ Notarized letter/affidavit stating that you are the owner of the practice.

Please print clearly.

New branch office (Business name) _____

Employer's address _____
Street address City State ZIP code

Employer's telephone number _____ (include area code)

Please Note

Licensees only hold one T.P.A. certification number which is either a "TO" number or an "OM" number. When your oral medications certification number was issued, your previously assigned "TO" number was replaced by that "OM" number.

Print your name _____
Last name First name Middle initial

License number: **27OA** _____

T.P.A. Certification number: **27TO** _____

Oral T.P.A. Certification number: **27OM** _____

Main office address _____
Street address City State ZIP code

Telephone number _____ (include area code)

Optometrist's name _____
Last name First name Middle initial

Branch office address _____
Street address City State ZIP code

Telephone number _____ (include area code)

Indicate the name(s) and license number(s) of other optometrists/ophthalmologists already practicing or have practiced at this location:

Name _____ License number _____

Name _____ License number _____

Name _____ License number _____

Describe the physical aspects of this optometry office. Indicate its proximity to any other establishment, professional or retail:

Equipment on hand - Please indicate in the appropriate column whether the equipment listed below is present in the new branch office.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Ophthalmoscope | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Retinoscope | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Ophthalmometer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Refractor, trial frame or phorometer with trial case, with auxiliary prisms and lenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Test objects for stereopsis and fusion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Charts for distance and near visual acuity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Pseudoisochromatic charts for color vision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Tangent Screen or Perimeter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Tonometer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Slit lamp | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

This form must be completed and returned to the Board office for processing **before** your new location certificate is issued.

Print name _____ Signature _____